

EXHIBIT D

**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

In re Terrorist Attacks on September 11, 2001

03 MDL 1570 (GBD) (FM)
ECF Case

This document relates to:

Ashton et al. v. al Qaeda Islamic Army, et al., 02-cv-6977 (GBD)(FM)

DECLARATION OF JOHN JERMYN

I, JOHN JERMYN, hereby declare:

1. I am the son of the late John F. Jermyn, a firefighter who was present at the World Trade Center during the September 11, 2001 attacks, and who suffered severe injuries while working there that day. I was appointed as the estate administrator of my father's estate. I am a citizen of the United States, as was my father.

2. My father, John F. Jermyn, died on December 24, 2019. Prior to his death, I heard from him directly about his experiences on September 11, 2001 and saw firsthand the injuries he sustained that day. I have also reviewed documents and records submitted to the Victim's Compensation Fund on John F. Jermyn's behalf, which describe that same experience and the injuries he suffered.

3. I provide this statement to describe to the Court what John F. Jermyn endured on September 11, 2001 and thereafter. Attached as Exhibit A are true and accurate copies of certain of my father's medical records and FDNY records.

4. John F. Jermyn had been an FDNY Firefighter since 1983. He had been present at the World Trade Center during the 1993 bombing. Previously, my father had been stationed at Ladder 122, which was accompanied by Engine 220, in Brooklyn.

5. On September 11, 2001, John F. Jermyn was 44 years old and working as a New York City Firefighter on light duty due to a work-related injury he sustained in September 1997 to his lower back. He had been placed on the education unit at the New York City Fire Museum at 278 Spring Street in lower Manhattan. As he stepped out of the subway on his way to the museum, my father saw the first plane hit the North Tower. He called FDNY fire dispatch immediately, being the first call to emergency services regarding the attack that day. He shortly thereafter learned part of his former Company, Engine 220, was on its way down to the World Trade Center. Even though he was only cleared for light duty, my father made his way to Ground Zero to assist alongside his former Company.

6. As my father and Engine 220 were about to enter the South Tower from Liberty Street, the tower collapsed. Being so close to the building, my father was hit by debris all over his body, particularly near his head, neck, and shoulders, and was engulfed by the dust cloud. He sustained severe noise damage to his ears from the sound of the tower collapsing, and damage to his eyes from debris exposure. As he attempted to excavate himself from the debris, he fell multiple times, tripping over pipes, and at one point fell into a small pit that had opened up in the ground. This caused both of his knees and back to twist in unnatural ways and caused injury to his foot.

7. My father was able to eventually escape from the area and found the rest of Engine 220 at the Marina. He and they used a large hose that was 4 inches thick and over 100 pounds in weight to attempt to put out fires in buildings along the water. While carrying the hose, my father experienced extreme lower back pain that traveled down his left lower leg, eventually causing him to fall to the ground with pain.

8. Late in the day on September 11, 2001, John F. Jermyn reported to the University Hospital in his home borough of Staten Island and was quickly evaluated for neck and shoulder injuries from the day's experiences. As far as I know, he was not given any x-rays or MRI at that time, but was prescribed pain medication and told to return to the hospital if his symptoms worsened. My father simultaneously filed an FDNY Member Injury Report where he cited that he injured his neck, lower back, right shoulder, left leg, left foot, both knees, both eyes, and both ears.

9. On October 9, 2001, my father returned to the doctor's office with complaints of right shoulder, right knee, and lumbar pain that extended to the bottom of his left leg, and rated his overall pain an 8/10. He had severe loss in back and shoulder motion, as well as loss of feeling in his lower legs. I remember at the time my father having difficulty moving around regularly and having difficulty with balance.

10. A November 2001 MRI showed that he had a herniated disc and a cyst in his spine, the latter likely caused by the herniated disc. Following the September 11th attacks, my father had been working on improving his range of mobility and pain levels through physical therapy but was never able to fully gain back his range of motion and consistently lived with chronic pain from the injuries he suffered on September 11, 2001 until his death.

11. Following the September 11, 2001 attacks, my father was reviewed for disablement through FDNY. After reviewing a statement from an independent neurologist who treated my father, the New York Fire Department Pension Fund gave my father disabled status on November 27, 2002. The next month, FDNY awarded him accident disability retirement from his work in the line of duty on September 11th.

12. In April 2004, my father's continued pain levels caused him to require another MRI of his back. The MRI showed the same herniated disc and disc bulge in his back that had been caused by his injuries on September 11, 2001. The MRI also showed degenerative disc desiccation, a disease that causes the fluid within the spine to slowly decrease over time. This disease is often caused by intense back and neck trauma. It caused my father chronic pain, stiffness, and weakness in his back.

13. Even after retirement, my father was still limited in the activities he could enjoy. He was unable to partake in any of the previous physical activities he loved to the same level as he had before. Until the day that he died, my father struggled with chronic pain from the injuries he sustained as a 9/11 first responder.

14. In addition to his physical injuries, my father was never psychologically the same after the attacks. While I am not sure that he was ever officially diagnosed, seeing the change in him from before and after the attacks leads me to believe he likely suffered from post-traumatic stress disorder, depression, and anxiety for the rest of his life.

I declare under penalty of perjury that the foregoing is true and correct.

Date: May 19, 2022

Place: San Clemente, CA

Signature:

Print:

John Jermyn
John Jermyn

EXHIBIT A



Bureau of Health Services
MD-206R(1/97)

Date 21 OCT 2001 09:54:08

Page 1 of 2

EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 45

Unitcode: LAD077

SSN: [REDACTED]

Civil St: FF

Work Loc: PUBLIC SAFETY EDUCATION

BP: 110/68

Weight: 218 lbs

Height: 72 inch

MD's Report:

PAKTIENT KNOCKED DOWN AT WTC INJUURING THE NECK. PAIN RADIATES DOWN THE RIGHT ARM AND NUMBNESS THE LATERAL FOREARM. STRENGTH INTACT. ROM LIMITED OF THE NECK.

M.O.'s Order :

SEE PMD

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☐ FD ☒ ML ☐ LD ☐ CML ☐ CLD

Current Effective Date: 09/26/2001

Next Duty Status:

☐ FD ☐ ML ☐ LD ☒ CML ☐ CLD

Next Effective Date: 10/21/2001

LD Restrict Code:

Return Date to BHS: 11/04/2001

Estd return to FD:

☐ 1 Week ☒ 2-3 Weeks ☐ 1-2 Months ☐ 3-12 Months ☐ Rec. LSS

Diagnosis :

☒ SC ☐ NSC ☐ UND

Code : 1 848

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

v09

OTHER NEUROLOGY/STRESS

Doctor: FERRITER, PIERC

Page 1

Date of this Exam: 10/21/2001

CONFIDENTIAL

Ger La Grua Physical Therapy Plus
Dolphin Fitness Center
 7001 Amboy Road S.I., N.Y. 10307
 (718) 948-0404 (718) 605-1888 Fax: (718) 605-2895

SPINE

Initial Evaluation and Plan of Care

HISTORY

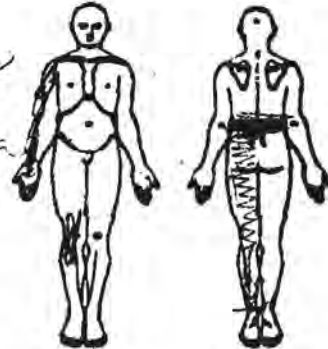
Identifying Data

Name John Jermyn Age 44 Gender M Date 7/3/01
 Provisional diagnosis Older lumbar Precautions IF (L) elbow surgical steel
 Occupation firefighter - fire safety officer

History of Present Illness

Present for Sept 11, 2001 WTC collapse At onset electric shock from back into (L) leg
1st few days @ phldr free, dull pain
evolving into constant sharp sometimes
throbbing pain.
 Improving/Unchanged/Worsening
 Commenced as a result of Mech of injury in WTC collapse hit debris, root of heavy
 Commenced for no apparent reason

Previous history 3 HNP, low back Delbow Sp & internal 1988
Family h/o of diabetes, HBP perforator
 Previous treatment for this incident no passive intervention
 Tests/x-rays not for this incident
 Medications Naprosin, Flexerall, hydrocortisone (pain)



Pain Description

Symptoms now change weakness @ phldr, numbness tingling @ hand 5th dig
and pain, back pain (L) -> into (L) foot electric shock
 Symptoms constant intermittent @ phldr @ knee intermittent @ rest and certain
activities Gain scale 8/10 to 10

Effects of Activities on Daily Living

WORSE

bending sitting/rising standing walking lying
a.m./as day progresses/p.m. stationary/on the move
 other _____

BETTER

bending sitting/rising standing walking lying
a.m./as day progresses/p.m. stationary/on the move
depends on day
 other _____

TREATMENT PLAN: Patient teaching/performance of:
 Proper body mechanics
 Flexibility stretches
 Postural exercises
 Strengthening exercises
 Aerobic conditioning
 Dynamic stabilization exercises
 Work/recreation simulation/conditioning

Therapist performance of:
 Myofascial release/soft tissue mobilization
 Massage
 Joint Mobilization
 Manual/mechanical traction
 Modalities

SHORT TERM GOALS WITH ACHIEVEMENT DATE:

3 weeks
visits

Patient verbalizes understanding of treatment plan.

Pain diminished 50%

AROM cervical/lumbar increased 50%

Strength upper/lower extremity increased 4/5 T/O

Body mechanics improved.

Posture improved.

Myofascial consistency improved.

HEP established.

Improved sensation involved extremity.

Improved joint mobility _____.

LONG TERM GOALS WITH ACHIEVEMENT DATE:

6 weeks
visits

Pain 0 - minimal

AROM cervical/lumbar WFL

Strength 5/5 T/O upper/lower extremity 5/5 T/O

Patient demonstrates proper body mechanics.

Posture normalized.

Myofascial consistency normal.

Patient independent in performing home exercise program.

Patient informed of activities/program for subsequent to discharge.

Sensation Intact.

Joint mobility WNL.

PLANS AND GOALS ESTABLISHED WITH PARTICIPATION BY:

Stacy M. MPT & Adam Jeremy

REHABILITATION POTENTIAL:

fair -> good

FREQUENCY OF TREATMENT ESTIMATED/DURATION:

TREATMENT/TEACHING RECEIVED TODAY:

STM, MFR, AROM / ROM posture recd
HEP sketches biomechanics

DATE

10/3/01

PHYSICAL THERAPIST'S SIGNATURE:

Stacy M. MPT

FIRE DEPARTMENT • CITY OF NEW YORK

DOSH-900 NO. 11

MEMBER INJURY REPORT

CASE SEVERITY	
11 Minor	
12 No Time Lost	
20 Time Lost	
30 Time Lost—Severe	
60 Death	

REPORT TYPE: 0—Original, 2—Amendment, 3—CD-73→CD-72

INCIDENT NO. 0679, BORO 1, BOX NO. 8087

Batt Chief _____ Bn _____ (A) INJURED MEMBER

Name: JERMYN, JOHN, F, Social Sec. # _____, Age 44, Sex M

Rank EE, Assigned Gr No _____, Assigned Unit 0077, Batt 21, Div 08, Unit Where Working E220, Member Assignment _____

Date of Appointment 102483, Tax No. 905390, Home Address _____, S.I. NY. 10312

(B) MEDICAL HISTORY

Date of Injury 09/11/01, Time 0945, Hours on Duty 01, Responses in Past 24 Hours 00, Date Injury Reported 9/11/01

Describe Nature of Injury Fully: injured neck, lower back, right shoulder, left leg, left foot, both knees, eyes and ears

Examining Doctor: Dr. Mandelbaum, Address: Seguin Ave S.I. N.Y.

Hospital: S.I. University Hosp. South, Borough: Rich., Admitted _____, Treated & Released _____

Date No Time Lost Leave Granted _____, Med Off Granting _____, No Time Lost Leave _____, Medical Diagnosis _____

Date Time Lost Leave Granted 9/17/01, Med Off Granting Dr. Fierstein, Time Lost Leave _____

PATIENT TAKEN TO: 1—Hospital, 2—Doctor's Office or Clinic, 6—Residence, 7—Not Transported, 8—Medical Office, 9—Quarters

Primary Injury: SYMPTOM 40, BODY PART 61, Secondary Injury: SYMPTOM 40, BODY PART 43, Tertiary Injury: SYMPTOM 40, BODY PART 12, Other Injury: SYMPTOM 40, BODY PART 11

(C) OPERATION AND ACTIVITY

Casualty Type 2, Where Injury Occurred 29, Activity at Time of Injury 30, Apparent Cause of Injury 209, Medical Care Provided 5

Responding To/Operating At: F—Emergency, E—Fire, M—False Alarm, Operation Activity 1, 1—Operating, 2—Overhauling, 3—Taking-Up, Building Operating At 0, O—Occupied, V—Vacant, P—Partially Vacant, N—Non-Structural

(D) PROTECTIVE EQUIPMENT

Bunker Coat	1	Status	3	Problem	1	Bunker Pants	1	Status	1	Problem	7
Breathing Apparatus	2	Status	5	Problem	97	Hand Protection	4	Status		Problem	7
Boot, Shoe	1	Status	3	Problem	8	Special Equipment	8	Status	1	Problem	7
Helmet	1	Status	2	Problem	7	Face Protection	7	Status		Problem	7

(E) DESCRIPTION OF ACCIDENT AND REMARKS

(If more space is needed, continue on back, using carbon paper)

while operating with E220 at base of W.T.C. south tower caught in collapse, buried and struck by falling debris, while extricating self fell into crater injuring my back, neck, twisting knees, foot trapped, excessive noise and debris in both eyes

Section 11.3.29 and/or 11.3.36 of the Regulations complied with? Yes ☒ N/A ☐

Nature of Injury as described is accurate

Company Officer

Battalion Chief

Deputy Chief

SIGNATURE OF INJURED

Unit E220 Cn.

DATE

Batt.

Date

Div.

Date



475 Seaview Avenue
Staten Island, NY 10305-3498

EMERGENCY SERVICES AFTERCARE INSTRUCTIONS TO THE PATIENT

(NOTE: Items (X)checked only — Disregard all other items)

Learning Assessment: Relevant cultural/religious practices _____ None ☐
 Barriers to Learning Visual ☐ Auditory ☐ Sensory ☐ Emotional ☐ Physical ☐
 Cognitive ☐ Unwilling to learn ☐ Unable to read ☐ None ☒
 Primary language spoken: _____ Academic Education: 4th
 Learning Preference: Discussion ☐ Reading ☐ Video ☐ Demonstration ☐ None ☐

GENERAL INSTRUCTIONS:

- ☒ Fill your prescriptions and take as directed.
- ☒ Don't drink alcohol, drive or operate machinery while on this medication.
- ☐ X-ray (Emergency reading only): An official reading will be done by a Radiologist. If there is any change in diagnosis requiring a change in treatment, you will be notified.
- ☐ Work/school absence: This emergency visit can only authorize an absence for the next 24 hours. Further absence would have to be authorized by your family or company physician.
- ☐ NOTE: If your condition worsens, or new symptoms appear, or should you not recover as expected, and you cannot contact your doctor...Return Here.

PATIENT DISCHARGE INSTRUCTIONS

1. FOLLOW THE PREPRINTED INSTRUCTIONS ON THE PATIENT CARE INSTRUCTIONS SHEET (SEE BACK OF THIS PAGE) FOR:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> A. VOMITING AND DIARRHEA | <input type="checkbox"/> E. NECK AND BACK INJURIES | <input type="checkbox"/> I. EYE CARE | <input type="checkbox"/> M. FRACTURES |
| <input type="checkbox"/> B. HIGH FEVER | <input type="checkbox"/> F. UPPER AND LOWER EXTREMITY SPRAINS | <input type="checkbox"/> J. SEXUALLY TRANSMITTED DISEASES | <input type="checkbox"/> N. SUTURE REMOVAL - CALL YOUR FOLLOW-UP DOCTOR FOR AN APPOINTMENT FOR SUTURE REMOVAL IN _____ DAYS. |
| <input type="checkbox"/> C. WOUND CARE | <input type="checkbox"/> G. CHEST INFECTION AND INJURIES | <input type="checkbox"/> K. CROUP | <input type="checkbox"/> O. OTHER (see over) |
| <input type="checkbox"/> D. HEAD INJURY | <input type="checkbox"/> H. HIGH BLOOD PRESSURE | <input type="checkbox"/> L. NOSE BLEED | |
- BP / BP /

2. ☐ CHEST OR ABDOMINAL PAIN

In spite of a negative examination and tests in the Emergency Room, it is possible that a significant problem is present. If the symptoms recur, you are urged to notify your family physician or return to the Emergency Room.

3. USE PRESCRIBED MEDICATION AS DIRECTED ON BOTTLE.

4. USE TYLENOL, ASPIRIN, OR ADVIL (IBUPROFEN) IN THE FOLLOWING DOSAGE _____

EVERY _____ HOURS FOR _____

5. OTHER INSTRUCTIONS: _____

6. ALL PATIENT BELONGINGS TAKEN HOME BY PATIENT / REPRESENTATIVE. (circle one)

I acknowledge receipt of the instructions indicated. I understand that I have had emergency treatment only and that I may be released before all of my medical problems are known or treated. I will arrange for follow-up care as indicated.

Date 6-11-01 8:30

Patient (or representative)

Signature [Signature]

Witness [Signature]

Doctor's Signature [Signature]

☐ Tetanus shot given ☐ Yes ☒ No Type _____

☐ Immunization update referral _____

☐ Social Service/Community Agency referral _____

FOLLOW-UP CARE

☐ Physician Referred
☒ Your Physician _____ (Other Physician/Specialty) _____

☐ Medical Arts Pavilion ☐ Outpatient Department South

☐ Date/Time: _____ ☐ Internal Medicine

☐ Date/Time: _____ ☐ Specialty/Physician

NOTE: Please call first to schedule/confirm your appointment

Clinics:

Occupational Health

Program-226-6362

North Site:

Medical - 226-6168

Pediatric - 226-6906

Surgical, Orthopedic - 226-6907

Ob/Gyn - 226-6907

Employee Health - North - 226-9004

South - 226-2099

Diabetic - 226-6340

Bay Street - 226-6700

Forest Avenue - 226-6168

South Site (all services) - 226-2051

Port Richmond - 226-6800

☐ Medications Prescribed ☐ Yes ☒ No Type _____

ROBERT B. SNOW, M.D., Ph.D., F.A.C.S.

523 EAST 72ND STREET
NEW YORK, NEW YORK 10021

OFFICE:

(212) 717-0256

FAX NUMBER:

(212) 744-3529

November 12, 2001

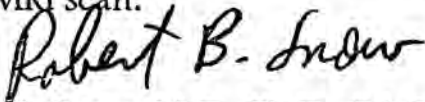
OFFICE FOLLOW UP VISIT

RE: JOHN JERMYN

He was seen again today in the office. He injured his neck on 9/11/01 working at the World Trade Center. Now he's complaining of right shoulder pain and numbness in his right 4th and 5th fingers. MRI scan of the cervical spine revealed a right C5/6 herniated disc moderate in size. MRI of his cervical spine with gadolinium reveals a 9mm syrinx at C3/4 without evidence of tumor. He also complains of left leg pain and numbness in his left leg. All these symptoms have been improving with physical therapy for both his neck as well as his lumbar spine.

Examination is remarkable for decreased range of motion of his neck and low back. He has 4+/5 left EHL weakness, 5-/5 left foot drop and decreased pin prick in the 4th and 5th fingers on the right.

My impression is continue physical therapy. I think he's going to get better with regard to his cervical spine and not require surgery. If the symptoms of his low back and left leg pain do not get better soon with physical therapy and do not continue to improve I would recommend a lumbar spine MRI scan.



Robert B. Snow, M.D., Ph.D., F.A.C.S.
Associate Professor of Surgery
(Neurosurgery)

RBS/vl



Bureau of Health Services
MD-206R(1/97)

Date 21 OCT 2001 09:54:08

Page 1 of 2

EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 45

Unitcode: LAD077

SSN: [REDACTED]

Civil St: FF

Work Loc: PUBLIC SAFETY EDUCATION

MD's Report: BP: 110/68 Weight: 218 lbs Height: 72 inch

PAKTIENT KNOCKED DOWN AT WTC INJUURING THE NECK. PAIN RADIATES DOWN THE RIGHT ARM AND NUMBNESS THE LATERAL FOREARM. STRENGTH INTACT. ROM LIMITED OF THE NECK.

M.O.'s Order :

SEE PMD

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☐ FD ☒ ML ☐ LD ☐ CML ☐ CLD

Current Effective Date: 09/26/2001

Next Duty Status:

☐ FD ☐ ML ☐ LD ☒ CML ☐ CLD

Next Effective Date: 10/21/2001

LD Restrict Code:

Return Date to BHS: 11/04/2001

Estd return to FD:

☐ 1 Week ☒ 2-3 Weeks ☐ 1-2 Months ☐ 3-12 Months ☐ Rec. LSS

Diagnosis :

☒ SC ☐ NSC ☐ UND

Code : 1 848

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

v09

OTHER NEUROLOGY/STRESS

Ger La Grua Physical Therapy Plus
Dolphin Fitness Center
7001 Amboy Road
Staten Island, New York 10307

Tel: (718) 948-0404
(718) 605-1888
Fax: (718) 605-2895

October 9, 2001

Dear Doctor:

Enclosed please find the initial evaluation of Mr. John Jermyn. Mr. Jermyn is a 44-year-old male who presents with right shoulder, right knee, and lumbar pain with referral into the left lower extremity. He rates his pain as 8/10 in noted areas, which increases with activity and is progressively worsening.

He tests positive in the following special tests; empty can, Neer impingement, apprehension (right shoulder), SLR, FABERE, prone knee flexion, standing flexion (bilateral). Although he did not isolate cervical pain, he displayed loss of active range of motion in all planes of cervical motion by 25-50%. Motion was limited by pain with soft end feel. Shoulder and lumbar range of motion are also limited as noted in the evaluation. At this time special tests on the knee were performed but were inconclusive secondary to patient pain level. Tests will be repeated at next visit. Patient also complained of numbness and tingling in right hand, primarily 4th and 5th digits.

Besides notable weakness in the right bicep and bilateral lower extremities, the patient exhibited marked decrease in sensation to sharp, dull pressure in the L-4 L-5 dermatomes bilaterally. Patient was unable to differentiate between hot and cold when applied to the same dermatomes bilaterally.

Patient ambulates with mildly antalgic gait, posture rated as fair- in sitting and standing, and displays poor balance in standing when perturbed. Patient was unable to maintain single leg stance for 5 seconds and displayed marked loss of balance in forward trunk flexion. He demonstrates vestibular deficiencies and tested positive in the Hallpike maneuver, left greater than right.

A plan of care and goals were discussed with Mr. Jermyn, who by his attitude and compliance to the physical therapy plan demonstrates good rehabilitation potential. Please contact me with any questions you may have regarding his treatment plan.

Yours truly,



Ger La Grua M.S.P.T.

MODERN MEDICAL IMAGING

Magnetic Resonance Imaging
Magnetic Resonance Angiography

October 1, 2001

ACCREDITED BY
acr[®]
AMERICAN COLLEGE OF RADIOLOGY

Dr. Fierstein
New York City Fire Department
Bureau of Health Services
9 Metro Tech Center
Brooklyn, New York 11201

RE: JOHN JERMYN
DOB: [REDACTED] 56
SS#: [REDACTED]

MRI OF THE CERVICAL SPINE

History: Injury.

The following sequences were obtained: Sagittal T1, sagittal T2, axial MPGR from C2 down to T1.

No cervical vertebral body compression fractures. Loss of disc height with disc desiccation C5/C6. Moderate size right posterolateral disc herniation seen at C5/C6. 8-9 millimeter size focal signal abnormality intramedullary cervical spinal cord opposite C3/C4 disc. In the center of the cord hyperintense T1, hyperintense T2. Differential diagnosis for this would include syrinx, demyelinating plaque, contusion, reactive cyst primary tumor. No other significant findings.

IMPRESSION:

Moderate size right posterolateral disc herniation seen at C5/C6.

Abnormal focus cervical spinal cord (intramedullary) opposite C3/C4. Differential diagnosis listed above. Recommend the patient return for a Gadolinium enhanced study to see if this lesion enhances. Also recommend that an MRI of the brain be obtained.

Thank you for referring your patient.

Very truly yours,



Allen Goodman, M.D.

AG:anr
2626 E. 14th Street, Room 101
Brooklyn, NY 11235
Tel: (718) 332-7777
Fax: (718) 332-8291

9201 4th Avenue, Room 101
Brooklyn, NY 11209
Tel: (718) 748-4100
Fax: (718) 748-1288

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

Jean Coman R.

38824 S (2/01)

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DATE/TIME ADMITTED	MEDICATION OTHER DRUGS	CHECK BOXES	INITIALS	DATE/TIME DOCTOR	DIAGNOSTIC TESTS	RESULTS
	Naproxen 500mg PO qd		QC	9/11/23	CX-RAY	
	Ribaxone 750mg PO qd		QC	9/11/23	CBST	
	Pericort 4mg PO qd		QC	9/11/23	OTHER X-RAYS	
					LAB: CBC <input type="checkbox"/> U/A <input type="checkbox"/>	
					ADM PROFILE <input type="checkbox"/> U PREG <input type="checkbox"/>	pt per 98%
					PT/PTT <input type="checkbox"/> UC/S <input type="checkbox"/>	
					CPK <input type="checkbox"/> AMYL <input type="checkbox"/> TROPONIN <input type="checkbox"/>	
					BC <input type="checkbox"/>	V CDHB ϕ
GT/DT					OTHER EKG <input type="checkbox"/> P.O. <input type="checkbox"/> ABG <input type="checkbox"/>	VAB 7.42/40/61/96%/26/2.2
Time of Initial Evaluation: 10:00 AM			ALLERGIES: none			
HISTORY OF PRESENT ILLNESS: 1st time, LAD						
SYMPTOM LOCATION: LB 9/11			TIME/DAY SYMPTOM ONSET: 9/11			
WHAT PT. WAS DOING WHEN SYMPTOMS BEGAN: Firing at LTC						
SYMPTOM SEVERITY: 7/10			SYMPTOM QUALITY: sharp			
SYMPTOMS INTERMITTENT OR CHRONIC: acute						
SYMPTOMS IMPROVED, WORSENING, OR SAME: N/A						
EXACERBATING FACTORS: sitting						
RELIEVING FACTORS: walking						
ASSOCIATED SIGNS AND SYMPTOMS: 2nd time, acute, sharp, 1st time, sharp - is "unusually" refers psych - will refer N/A.			has pyc 6th			
OTHER:						
ROS: CONSTITUTIONAL: ϕ			EYES: ϕ			
ENT: ϕ			CARDIOVASCULAR: ϕ			
PULM: ϕ			GI: ϕ			
GU: ϕ			NEURO: ϕ			
MUSCULOSKELETAL: ϕ			SKIN: ϕ			
PSYCHIATRIC: ϕ			HEMATOLOGIC: ϕ			
PRIOR SURGERY: ϕ						
MEDICAL HISTORY: 3 gunshot wounds, severe trauma						
MEDICATIONS: ϕ						
FAMILY HX: CORONARY ARTERY DISEASE: <input type="checkbox"/> NO <input type="checkbox"/> YES CANCER: <input type="checkbox"/> NO <input type="checkbox"/> YES OTHER:						
SOCIAL HX: CIGARETTES: <input type="checkbox"/> NO <input type="checkbox"/> YES ALCOHOL: <input type="checkbox"/> NO <input type="checkbox"/> YES ILLICIT DRUGS: <input type="checkbox"/> NO <input type="checkbox"/> YES						
PHYSICAL EXAM: VS: ϕ			APPEARANCE: up and at N/A			
HEENT/NECK: ϕ						
LUNGS: ϕ						
HEART: ϕ						
ABD: ϕ						

EMERGENCY DEPARTMENT RECORD

Page 3 of 4

MEDICAL RECORDS

EXTR: open - no fluid

NEURO: Dizziness, equilibrium from vestibular system - (D) 1/5 - 20 per

SKIN: 1/1 skin lesion

PULSES:

RECTAL/PELVIC/STOOL/GUAIAC:

ADDITIONAL PE FINDINGS:

ADDITIONAL NOTES:

pt - 500 HIA : found #20 -
 Present to TID HIA today on
 More 12 4-6" HIA HIA HIA
 no more p. HIA
 pt refuses psych - HIA HIA HIA

RESPONSE TO TX'ED COURSE:

PROCEDURES:

1.	<input type="checkbox"/> Attending	<input type="checkbox"/> Resident w/Attend. Superv.	<input type="checkbox"/> PA w/Attend. Superv.	Signature
2.	<input type="checkbox"/> Attending	<input type="checkbox"/> Resident w/Attend. Superv.	<input type="checkbox"/> PA w/Attend. Superv.	Signature
3.	<input type="checkbox"/> Attending	<input type="checkbox"/> Resident w/Attend. Superv.	<input type="checkbox"/> PA w/Attend. Superv.	Signature

PROCEDURE NOTES:

☐ CRITICAL CARE PROVIDED VIA DIRECT ATTENDING MANAGEMENT FOR TOTAL OF _____ MINUTES ATTENDING INITIALS _____

☐ LEVEL 5 ACUITY CAVEAT - HX AND PHYSICAL EXAM LIMITED BY URGENCY OF CLINICAL CONDITION AND/OR MENTAL STATUS ATTENDING INITIALS _____

I N F O R M A T I O N	DIAGNOSIS PRIMARY	LUMBAR SPINAL	PHYSICAL NOTIFICATION/APPROVAL	
	SECONDARY	SCIATICA	ATTENDING _____ TIME _____	
	REFERRAL: <input checked="" type="checkbox"/> PVT. PHYSICIAN NAME	HIP/NECK	RESIDENT _____ TIME _____	
	DISPOSITION <input type="checkbox"/> ADMIT / RM# <input checked="" type="checkbox"/> DISCHARGED <input type="checkbox"/> EXPIRED <input type="checkbox"/> TRANSFERRED TO _____ <input type="checkbox"/> AMA	DATE OUT 9-11-01	CONSULTANT _____ TIME _____	
CONDITION	RESIDENT/PA SIGNATURE	DOCTOR NO.	ATTENDING PHYSICIAN SIGNATURE	DOCTOR NO.

EMERGENCY DEPARTMENT RECORD

Page 4 of 4

MEDICAL RECORDS

SOUTH: EMERGENCY RM.

HOSPITAL
Department of Laboratory Medicine
718-226-5227

09 /01

1

SOUTH DIVISION
375 SEGUINE AVE

NORTH DIVISION
475 SEAVIEW AVE.

POUCH DIVISION
1 EDGEWATER PLAZA

KENNY, JAMES MD KENNY, JAMES MD NO PRIVATE PHYSICIAN	DATE COLLECTED	PATIENT	
	09/11/01	JERMYN, JOHN	
DATE RECEIVED	SEX	AGE	ACCOUNT#& NUMBERS
09/11/01	M	/56	00176068 000480019

Test	Result	Flag	Reference
<u>ARTERIAL BLOOD</u>			
> BLOOD PH	7.423	H	7.38-7.42
> PA CO2	39.5		38-42 MM/HG
> PA O2	69	L	78-95 MM/HG
> O2 SATURATION	95.6		94-98 %
> HCO3	26.1		23-27 M/L
> BASE EXCESS	2.2	H	-2-2
> PT CONDITIONS	ROOM AIR		
> FIO2	21		21-100 %
<u>CO-OXIMETRY</u>			
> TOTAL HGB G/DL	17.0		13-18 G/DL
> % O2 HB	95.6		94-100 %
> % CO HB	0		%
REFERENCE RANGE:			
SMOKER: > 1.5 - 3.0 %			
NON-SMOKER: < 1.5 %			
> % MET HB	0	L	0.5-1.5 %
> O2 CONTENT VOL%	22.6		15-23.0 %
O2 CONTENT = 1.39 X THB (%O2HB/100)			

** END OF REPORT **

KARL LANKS, MD
LABORATORY DIRECTOR

Alpha Neurology, P.C.
Allan B. Perel, M.D.
Ludmila Feldman, M.D.
Arun N. Babu, M.D.
Moris Jak Danon, M.D.
27 New Dorp Lane
Staten Island, NY 10306
(718) 667-3800

ACTIVE

November 9, 2001

Dr. Kerry Kelly
F.D.N.Y. Chief Medical Officer
9 Metro Tech Center
Brooklyn, NY 11201

Re: JERMYN, JOHN
Consult: 11/09/01

Dear Dr. Kelly:

John Jermyrn is a 45-year-old right-handed man who, on 9/11/01, was at the World Trade Center, working as a firefighter. He was hit with falling debris, injuring his head, neck, right shoulder and lower back. Patient fell to the ground at that time.

Patient complains of severe neck pain radiating into his right greater than left arm and low back pain radiating into both legs. He describes severe numbness in his legs. Patient also had a head trauma. Patient was evaluated at Staten Island University Hospital, a copy of his records will be obtained.

An MRI of the cervical spine was performed, on 10/1/01, demonstrating a moderate right-posterolateral disc herniation. Abnormal focus intramedullary was noted at C3-4.

An MRI of the brain was performed, on 10/17/01, which was unremarkable.

An MRI of the cervical spine with gadolinium was performed demonstrating a 9mm syrinx in the intramedullary central cervical spinal cord at C3/C4.

Continued...

Re: JERMYN, JOHN
Consult: 11/09/01

Page 2

Patient had a MRI of the lumbosacral spine, in 10/97, demonstrating a moderate focal left-sided disc herniation at L4-5 with inferior migration. A degenerative disc bulge at L5-S1 was also noted.

Family history: Non-contributory.

Social history: Patient was working on restricted duty as a firefighter before September 11, 2001. Patient is presently not working.

Past history: Remarkable for low back pain secondary to disc pathology.

Medications: Analgesics including Naprosyn and Flexeril.

Physical exam: Vital signs: Stable. Head: Normocephalic. Neck: Mild paraspinal muscle spasm with decreased range of motion turning his head to the right greater than left side. Patient has decreased range of motion in his right shoulder. Patient has a straight leg raise bilaterally at 60 degrees both supine and sitting with associated lower lumbar paraspinal muscle spasm.

Neurological exam:

Mental status: Oriented x3. Alert.

Cranial nerves: 2-12: Intact. No Horner sign is noted.

Motor exam: 5-/5 in the upper extremities. Otherwise, 5/5 throughout.

Sensory exam: Decreased pinprick sensation in the bilateral C5-6 and bilaterally L5-S1 dermatomes.

Reflexes: 2+ throughout symmetrical with downgoing toes.

Cerebellar: Normal.

Gait: Normal.

Continued...

Re: JERMYN, JOHN
Consult: 11/09/01

Page 3

Impression:

John Jermyn is a 45-year-old right-handed man who is a firefighter and was involved in the World Trade Center disaster on 9/11/01. Patient had debris fall on him. Patient then fell to the ground, injuring his head, neck and lower back in the event. Patient also complains of right shoulder pain. I suggested that he see an orthopaedic surgeon with regard to his right shoulder pathology. Patient has evidence of a cervical radiculopathy. He does have moderate right posterolateral disc herniation at C5-6 and a small syrinx (9 mm.) at C3-4 level.

At present, since he has minimal weakness in the upper extremities, I do not feel any surgical intervention is warranted. I suggested that the patient continue his rehabilitation therapy, which has given him some clinical improvement of his symptoms. If any worsening or change in his symptoms occurs (i.e., bowel, bladder complaints or increase in weakness), I would strongly recommend neurosurgical evaluation.

Patient will follow up in 4-6 weeks. I do not feel that the patient should lift heavy objects or bending excessively.

Thank you for your very kind referral. If you have any questions, please do not hesitate to call me at (718) 667-3800.

Sincerely,



Allan B. Perel, M.D.
Diplomate, American Board of Neurology

ABP/kc

IDENTIFICATION

Name : JERMYN, JOHN

Title : FF

Asg. Unit : LAD077

Wkloc : FCMUSM

Age : 45.18

SSN : [REDACTED]

M.D.'s REPORT

BP: 132/86

Weight: 215

lbs.

Height: 72 Inches

SEEN IN CLINIC TODAY WITH DR. FEIRSTEIN. CONDITION REMAINS THE SAME. CONTINUES WITH LOW BACK AND NECK PAIN RADIATING DOWN LEG TO FOOT.

M.O.'s ORDER

CONTINUE WITH PT

DUTY DETERMINATION

Previous Duty Status:

☒ FD ☐ ML ☐ LD

Current Duty Status:

☐ FD ☐ ML ☒ LD

DEC. 03 2001

Effective Date

Duty Status After Examination:

☐ FD ☐ ML ☐ LD ☐ CML ☒ CLD

JAN. 11 2002

Effective Date Return Date

Limited Duty Restriction Code:

Estimated Return to FD:

☐ 1 Week ☐ 2-3 Weeks ☒ 1-2 Months ☐ 3-12 Months ☐ Rec. LSSDiagnosis: ☒ SC ☐ NSC ☐ UND

Code: 1 - 848 BACK STRAIN OR SPRAIN

Doctor: NURSES

Date This Exam:

JAN. 11 2002



Confidential





EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 45

Unitcode: LADDER 77

SSN: [REDACTED]

Civil St: FF

Work Loc: FIRE MUSEUM

MD's Report:

BP: 150/94

Weight: 218 lbs Height: 72 inch

BACK STRAIN OR SPRAIN

M.O.'s Order :
As Directed

CLD
2/8

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☐ FD ☐ ML ☒ LD ☐ CML ☐ CLD

Current Effective Date: 12/03/2001

Next Duty Status:

☐ FD ☐ ML ☐ LD ☐ CML ☒ CLD

Next Effective Date: 12/14/2001

LD Restrict Code:

Return Date to BHS: 01/11/2002

Estd return to FD:

☐ 1 Week ☐ 2-3 Weeks ☒ 1-2 Months ☐ 3-12 Months ☐ Rec. LSS

Diagnosis :

☒ SC ☐ NSC ☐ UND

Code : 1 848

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

v09

OTHER NEUROLOGY/STRESS

John Jermy

Doctor: FEIRSTEIN, IRA

Date of this Exam: 12/14/2001

CONFIDENTIAL



Bureau of Health Services
MD-206R(1/97)

EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 46

Unitcode: LADDER 77

SSN: [REDACTED]

Civil St: FF

Work Loc: FIRE MUSEUM

MD's Report:

BP: 140/78

Weight: 213 lbs

Height: 72 inch

SEE MINUTES OF THE MEDICAL BOARD COMMITTEE.

M.O.'s Order :

REC-LSS / LD 05/09/2002. RETURN TO BHS 05/09/2003.

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☐ FD ☐ ML ☒ LD ☐ CML ☐ CLD

Current Effective Date: 12/03/2001

Next Duty Status:

☐ FD ☐ ML ☐ LD ☐ CML ☒ CLD

Next Effective Date: 05/09/2002

LD Restrict Code:

Return Date to BHS: 05/09/2003

Estd return to FD:

☐ 1 Week ☐ 2-3 Weeks ☐ 1-2 Months ☐ 3-12 Months ☒ Rec. LSS

Diagnosis :

☒ SC ☐ NSC ☐ UND

Code : 1 464

TRACHEITIS, ACUTE

849

CERVICAL STRAIN

848

BACK STRAIN OR SPRAIN

Doctor: PHYSICIAN BOARD

Date of this Exam: 05/09/2002

CONFIDENTIAL

Bureau of Health Services
MD-206R(1/97)

EXAMINATION REPORT

ERMYN, JOHN

Age: 46

Unitcode: LADDER 77

Civil St: FF

Work Loc: FIRE MUSEUM

BP: 158/84

Weight: 220 lbs

Height: 72 inch

Report:

CHEITIS, ACUTE, taking combivent with good sx relief. Methocholien challenge test 5/30/02 showed baseline VC of FEV1 3.9 without bronchial reactivity. Sinus CT opacification of R maxillary sinus and extension to ethmoid air cell. WENT evaluation

M.O.'s Order :
As Directed

Box:

Previous Duty Status: ☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status: ☐ FD ☐ ML ☒ LD ☐ CML ☐ CLD

Current Effective Date: 12/03/2001

Next Duty Status: ☐ FD ☐ ML ☐ LD ☐ CML ☒ CLD

Next Effective Date: 06/09/2002

LD Restrict Code:

Return Date to BHS: 08/10/2002

Estd return to FD:

☐ 1 Week ☐ 2-3 Weeks ☐ 1-2 Months ☒ 3-12 Months ☐ Rec. LSS

Diagnosis : ☒ SC ☐ NSC ☐ UND

Code : 1 464

TRACHEITIS, ACUTE

849

CERVICAL STRAIN

848

BACK STRAIN OR SPRAIN

Doctor: WEIDEN, M.

Date of this Exam: 06/08/2002

CONFIDENTIAL

REGIONAL RADIOLOGY

REGIONAL IMAGING & THERAPEUTIC RADIOLOGY SERVICES, P.C.

ACTIVE

P.O. Box 100108 • Staten Island, New York 10310-0108 • (718) 447-4900 • Fax (718) 447-4511

Michael D. Weiden, M.D.
9 Metro Tech Center
Brooklyn, NY 11201

RECEIVED JUN 10 2002

NAME: JOHN JERMYN

DOB: [REDACTED] 1956

FILE # 80122

EXAM DATE: 05/22/2002

PHONE: 718356-1005

REASON FOR EXAM: Congestion, infections.

CT OF THE PARANASAL SINUSES:

Non-contrast CT of the paranasal sinuses was performed utilizing 5 mm. axial and 3 mm. coronal images.

There are hypoplastic frontal sinuses. There is complete opacification of the right maxillary antrum and ostiomeatal complex, with opacification of multiple right anterior ethmoid air cells. The paranasal sinuses are otherwise clear. There is no bony erosion or sclerosis. The nasal turbinates are unremarkable. The nasopharyngeal soft tissues are within normal limits.

IMPRESSION:

- OPACIFICATION OF THE RIGHT MAXILLARY ANTRUM WITH INVOLVEMENT OF THE RIGHT ANTERIOR ETHMOID AIR CELLS AS DESCRIBED.

MICHAEL T. MANTELLO, M.D.
DIRECTOR OF NEURORADIOLOGY
MM/mk
d/05/24/02
t/05/25/02

Electronically Signed - MICHAEL T. MANTELLO, MD

Bureau of Health Services
MD-206R(I/97)**EXAMINATION REPORT**

Name: JERMYN, JOHN

Age: 45

Unitcode: LAD077

SSN: [REDACTED]

Civil St: FF

Work Loc: PUBLIC SAFETY EDUCATION

BP: 130/80

Weight: 218 lbs

Height: 72 inch

MD's Report:

BACK STRAIN OR SPRAIN, Rt knee, Rt shoulder and left lumbar radiculopathy.

Incidental finding: bilateral greater saphenous vein incompetence Rt>left to consider surgery

M.O.'s Order :
As Directed

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☐ FD ☒ ML ☐ LD ☐ CML ☐ CLD

Current Effective Date: 09/26/2001

Next Duty Status:

☐ FD ☐ ML ☐ LD ☒ CML ☐ CLD

Next Effective Date: 10/03/2001

LD Restrict Code:

Return Date to BHS: 10/10/2001

Estd return to FD:

1 Week

2-3 Weeks

☒ 1-2 Months

3-12 Months

Rec. LSS

Diagnosis :

☒ SC☐ NSC☐ UND

Code : 1 848

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

844

KNEE STRAIN OR SPRAIN

Doctor: GIULIANI, EDOAR

Date of this Exam: 10/03/2001

CONFIDENTIAL

Bureau of Health Services
MD-206R(1/97)**EXAMINATION REPORT**

Name: JERMYN, JOHN

Age: 45

Unitcode: LAD077

SSN: [REDACTED]

Civil St: FF

Work Loc: PUBLIC SAFETY EDUCATION

MD's Report:

BP: 150/80

Weight: 220 lbs

Height: 72 inch

BACK STRAIN OR SPRAIN Lim ROM of lumbar spine, cervical spine and pain and tenderness distal hamstring tendons.

M.O.'s Order :
As Directed

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☐ FD ☒ ML ☐ LD ☐ CML ☐ CLD

Current Effective Date: 09/26/2001

Next Duty Status:

☐ FD ☐ ML ☐ LD ☒ CML ☐ CLD

Next Effective Date: 09/28/2001

LD Restrict Code:

Return Date to BHS: 10/03/2001

Estd return to FD:

☐ 1 Week☒ 2-3 Weeks☐ 1-2 Months☐ 3-12 Months☐ Rec. LSS

Diagnosis :

☒ SC☐ NSC☐ UND

Code : 1 848

BACK STRAIN OR SPRAIN

849

CERVICAL STRAIN

844

KNEE STRAIN OR SPRAIN

Doctor: FEIRSTEIN, IRA

Date of this Exam: 09/28/2001

CONFIDENTIAL



Bureau of Health Services
MD-206R(1/97)

EXAMINATION REPORT

Name: JERMYN, JOHN

Age: 45

Unitcode: LAD077

SSN: [REDACTED]

Civil St: FF

Work Loc: PUBLIC SAFETY EDUCATION

BP: 158/90

Weight: 215 lbs

Height: 72 inch

MD's Report:

lower back injury which was reinjured at the disaster last week .pt was placed on meds at this time. pt c/o sciatic like symptoms. meds noted. tylenol3, naprosyn, flexeril.

M.O.'s Order :

pt was advised to take meds and rest and apply heat.

Box:

Previous Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Current Effective Date: 02/16/1999

Next Duty Status:

☒ FD ☐ ML ☐ LD ☐ CML ☐ CLD

Next Effective Date: 09/20/2001

LD Restrict Code:

Return Date to BHS:

Estd return to FD:

☒ 1 Week ☐ 2-3 Weeks ☐ 1-2 Months ☐ 3-12 Months ☐ Rec. LSS

Diagnosis :

☒ SC ☐ NSC ☐ UND

Code : 1 848

BACK STRAIN OR SPRAIN

301

SITUATIONAL PERSONAL STRESS

Doctor: GASALBERTI, R.

Date of this Exam: 09/19/2001